

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Albert Robles for Mayor 2016			Date of This Filing <u>11/04/2016</u>	RECEIVED CITY CLERK NOV -7 AM 9:10 CITY OF CARSON <i>Rec'd via email 11/4/16 JR</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (424) 260-4243	I.D. NUMBER (if applicable) 1378291	Report No. <u>11-4AR 16</u>			
STREET ADDRESS 550 E. Carson Plaza Dr., #110					
CITY Carson	STATE CA	ZIP CODE 90746	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>2</u>					

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/03/2016	Sergio Calderon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/03/2016	Steven Craig [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Craig Realty Group	2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/03/2016	David Garcia [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Fafoya & Garcia	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Albert Robles for Mayor 2016		Date of This Filing <u>11/04/2016</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (424) 260-4243	I.D. NUMBER (if applicable) 1378291	Report No. <u>11-4AR</u>		
STREET ADDRESS 550 E. Carson Plaza Dr., #110		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Carson	STATE CA	ZIP CODE 90746		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/03/2016	Phillips 66 <div style="background-color: gray; width: 100px; height: 15px;"></div>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Reason for Amendment: _____